

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712026

1. Corporation Name

International Council of Central Florida, Inc.

2. Principal Office Address - No P.O. Box #

420 S. Orange Ave

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

420 S. Orange Ave

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, FL

Zip

32801

Country

USA

300175820473
04/14/10--01046--002 **183.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1966

5. FEI Number

59-1837575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chastang, Lawrence J.

Street Address (P.O. Box Number is Not Acceptable)

420 S. Orange Ave

Suite, Apt. #, Etc.

Suite 500

City

Orlando

State

FL

Zip Code

32801

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent _____

Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Robert Turk	229 Morning Glory Dr	Lake Mary, FL 32746
Vice President	Cynthia Flores	200 S. Orange Ave	Orlando, FL 32801
Treasurer	Lawrence Chastang	420 S. Orange Ave, Suite 500	Orlando, FL 32801
Secretary	George Schank	30 Skyline Dr, Suite 2000	Lake Mary, FL 32746

10. E-mail Address: _____

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/10